

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants: Cohen, et al.  
Serial No.: 08/643,312  
Filing Date: May 6, 1996  
Title: MORPHOGEN TREATMENT FOR CHRONIC RENAL FAILURE

Art Unit: 1627  
Examiner: Celsa



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, Washington, D.C. 20231

on

9-27-01  
Date

Adam M. Kelly  
Adam M. Kelly

Commissioner for Patents  
Washington, DC 20231

Dear Sir:

TRANSMITTAL LETTER

The Applicants hereby submit:

- 1) Change of Correspondence Address
- 2) Change of Attorney Contact Information
- 3) Copy of General Revocation of Prior Powers of Attorney and Appointment of New Power of Attorney or Authorization of Agents
- 4) Postcard for Date Stamp of Receipt

Respectfully submitted,

ROPES AND GRAY

Dated:

9/27/01

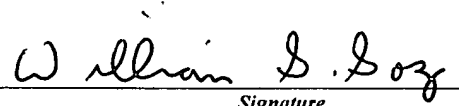
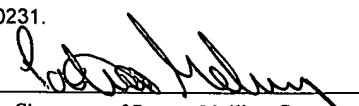
William G. Gosz  
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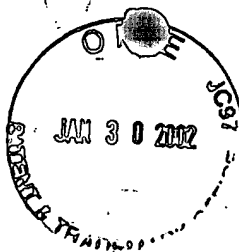
1627

<b>TRANSMITTAL LETTER</b> (General Patent Pending)		Docket No. CIBT-P01-513	
In Re Application Of: Robert M. Vetto, Sr.			
Serial No. 09/643,321	Filing Date May 6, 1996	Examiner Celsa	Group Art Unit 1627
Title: <b>MORPHOGEN TREATMENT FOR CHRONIC RENAL FAILURE</b>			
<p style="text-align: center;"><u>TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:</u></p> <p>Transmitted herewith is:</p> <p><b>An incorrect Notice Regarding Power of Attorney. Please note the incorrect Application Number on the Notice sent to us from the United States Patent and Trademark Office. We have written the correct Application Number on the copy attached hereto. Also enclosed is a copy of the previously filed revocation, change of address and contact information.</b></p> <p>in the above identified application.</p> <p><input type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="text-align: center;"> _____ Signature <b>William G. Gosz</b> Reg. No. 27,787</div><div style="text-align: right;"><p>Dated: January 8, 2002</p><div style="border: 1px solid black; padding: 5px; width: 300px;"><p>I certify that this document and fee is being deposited on January 8, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.</p> _____ Signature of Person Mailing Correspondence <b>Patricia McKenney</b> _____ Typed or Printed Name of Person Mailing Correspondence</div></div></div> <div style="position: absolute; top: 100px; left: 240px; border: 1px solid black; border-radius: 50%; padding: 10px; transform: rotate(-15deg);"><p>JAN 30 2002</p></div> <div style="position: absolute; top: 200px; right: 50px; transform: rotate(90deg);"><p>RECEIVED FEB 06 2002 TECH CENTER 1600/2900</p></div> <div style="position: absolute; top: 430px; right: 100px; text-align: center;"><p>RECEIVED FEB 11 2002 Technology Center 2100</p></div> <div style="position: absolute; bottom: 100px; left: 280px; transform: rotate(-15deg);"><p>RECEIVED FEB 05 2002 TC 1700</p></div>			

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PATENT ATTORNEY DOCKET NO.: GBT-P01-513

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Applicant or Patentee Cohen, et al.No. (Application, Appeal, Interference, Patent, Reexam) 08/643,312Filing or Issue Date May 6, 1996Title MORPHOGEN TREATMENT FOR CHRONIC RENAL FAILURE

- ☒ Transmittal Letter ☐ Status Inquiry  
☐ Assignment ☐ Declaration  
☐ Amendment/Response \_\_\_\_\_ Pages ☐ Request Certificate of Correction  
☐ Maintenance Fee ☐ Notice of Appeal  
☐ Check \$ \_\_\_\_\_ ☐ Appeal Brief (3 copies) \_\_\_\_\_ Pages  
☐ Deposit Account Order Form (2 copies) ☐ Petition for Extension of Time (2 cc)  
☐ Issue Fee ☐ Request Patent Copies  
☐ Information Disclosure Statement  
☐ PTO 1449 Form \_\_\_\_\_ Pages ☐ Prior Art References; Number of References \_\_\_\_\_  
☐ Drawings \_\_\_\_\_ Sheets Formal \_\_\_\_\_ Sheets Informal \_\_\_\_\_ Sheets Amended  
☐ Notice of Missing Parts  
☐ Combined Declaration and Power of Attorney  
☒ Other Change in address & contact info, revocation

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Matter Name

CrisDate 9-27-9

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PATENT ATTORNEY DOCKET NO.: GBT-P01-513

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Applicant or Patentee Cohen, et al.No. (Application, Appeal, Interference, Patent, Reexam) 08/643,312Filing or Issue Date May 6, 1996Title MORPHOGEN TREATMENT FOR CHRONIC RENAL FAILURE

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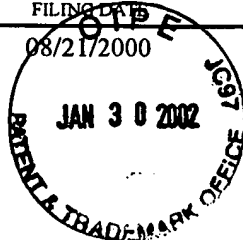
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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTY. DOCKET NO./TITLE
09/643,312	08/21/2000	Robert M. Vetto SR.	CIBT-P01-513

28120  
ROPE & GRAY  
ONE INTERNATIONAL PLACE  
BOSTON, MA 02110-2624



\*OC000000006888430\*

CONFIRMATION NO. 3996

Date Mailed: 10/11/2001

## NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/01/2001.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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R&amp;G

Docket No.: CIBT-P01-513

Action: POA credited to wrong case

Stat. Deadline: 11/NOV/01

*J. T. Gaynor*  
JESSICA T GAYNOR  
2100 7033064141

ATTORNEY/APPLICANT COPY

Ropes & Gray  
Intellectual Property Dept.

OCT 15 2001